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Name of Sender:

JOSEF STEIMLE

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: HASCH, Martin et al.

) Examiner:

Application No.: 10/580,655

) ANGLO, L.M.A.

Filing Date: May 25, 2006

) Art Unit:

For: SWITCH MODULE

) 2832

Atty. Docket No.: 3826 1109US

## TRANSMITTAL LETTER FOR AN AMENDMENT

MAIL STOP AMENDMENT  
Commissioner for Patents  
Alexandria, VA 22313-1450  
U.S.A.

Transmitted herewith is an amendment in the above identified application. Please note the following crossed items:

(X) No additional fee is required.  
( ) The fee has been calculated as shown below:

S.N. 10/580,655 filed May 25, 2006  
HASCH, Martin et al.

Atty. Docket: 3826 1109US

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## CLAIMS AS AMENDED

|   | Claims Remaining After Amendment |   | Highest Number Previously Paid For | Present Number Extra           | Rate    | FEE               |
|---|----------------------------------|---|------------------------------------|--------------------------------|---------|-------------------|
| Total claims                                    | 9                                | - | 20                                 | X                              | x\$ 50  | 0                 |
| Independent claims                              | 2                                | - | 3                                  | X                              | x\$ 210 | 0                 |
| Multiple dependent claim added                  |                                  |   |                                    |                                | +\$ 370 | 0                 |
|   |                                  |   |                                    |                                |         | <b>TOTAL \$ 0</b> |
| ( ) If small entity, then divide total fee by 2 |                                  |   |                                    | <b>SMALL ENTITY TOTAL \$ 0</b> |         |                   |

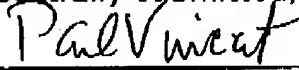
( ) Please charge Deposit Account Number 50-1030 in the amount of \$ for the Extension of time fee and \$ for the claims fee.

(X) The Commissioner is hereby authorized to charge payment of fees associated with this communication or credit any overpayment to Deposit Account Number 50-1030.

(X) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for additional extension of time.

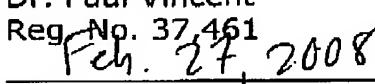
( ) An Information Disclosure Statement is also enclosed.

Respectfully submitted,



Dr. Paul Vincent

Reg. No. 37 461



Date

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**PATENT**

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**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
USA

This communication is in response to the Office Action in the subject patent application mailed February 7<sup>th</sup>, 2008. Please amend this application as indicated below.